FROM : FAX NO. May. 09 2008 01:18PM P1/1

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
08 MAY 19 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000068467

1. Entity Name
JAG ARRANGEMENT GROUP, INC.

Principal Place of Business	Mailing Address
14119 NE 19 AVE OPA LOCKA, FL 33054	14119 NE 19 AVE OPA LOCKA, FL 33054

05092008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1430 NE 161 STREET	1430 NE 161 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NORTH MIAMI BEACH, FL	City & State: NORTH MIAMI BEACH, FL
Zip 33162 Country U.S	Zip 33162 Country US

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AGREDA, JAVIER
14119 NE 19 AVE
OPA LOCKA, FL 33054

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AGREDA, JAVIER 14119 NE 19 AVE OPA LOCKA, FL 33054	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900130927559 06/05/08--01043--015 **150.00	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______ 5/16/08 305-8221961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #